

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH

OFFICE OF OCCUPATIONAL & RADIOLOGICAL HEALTH

**APPLICATION FOR CERTIFICATION TO PROVIDE
ASBESTOS ANALYTICAL SERVICES**

1. TYPE OF APPLICATION: ☐ Initial ☐ Renewal ☐ Amendment

If Renewal or Amendment, current certificate number: AAL - _____

2. APPLICANT:

Facility: _____

Lab Director: _____

Street: _____ Telephone No.: _____

City/Town: _____ State: _____ Zip: _____

3. ASBESTOS ANALYTICAL SERVICES REQUESTED: (Check **ALL** applicable items.)

☐ Analysis of Bulk Samples for Type and Percentage of Asbestos via Polarized Light Microscopy (PLM). [Complete Item 7A.]

☐ Analysis of Air Samples for Asbestos via Phase Contrast Microscopy (PCM). [Complete Item 7B.]

☐ Analysis of Samples for Asbestos via Transmission Electron Microscopy (TEM). [Complete Item 7C.]

☐ Other Asbestos Analyses (Specify) _____

4. EMPLOYEES PERFORMING ASBESTOS ANALYSIS:

Provide the name, title and dates of employment of each prospective asbestos analyst. Attach a copy of certificate(s) indicating successful completion of formal training required by Paragraph D.3.2(a) (6) (i) [PLM/PCM] and/or Paragraph D.3.2 (a) (9) (i) [TEM]. Alternatively, a properly documented and signed Form ASB-11L (3/92) may be used to document successful completion of in-house training pursuant to Paragraph D.3.2 (a) (6) (ii) [PLM/PCM] and/or Paragraph D.3.2 (a) (9) (ii) [TEM]. Renewal applications should only include documentation of training not already on file with the Agency.

5. AUTHORIZATION IN OTHER JURISDICTIONS:

Indicate all federal, state or local jurisdictions in which the applicant currently holds a license, certificate and/or other authorization as a general analytical laboratory and/or asbestos analytical laboratory. Attach copies of all such licenses, certificates and/or authorizations.

6. ENFORCEMENT ACTIONS IN OTHER JURISDICTION:

- A. Has any federal, state or local jurisdiction ever revoked or suspended your license, certificate and/or other authorization as a general analytical laboratory and/or asbestos analytical laboratory? ☐ Yes ☐ No

If Yes, for each such incident attach a description of: the agency taking action, date and nature of action, reason for action, type of penalty imposed, and other supporting information.

- B. Does any federal, state or local jurisdiction have an outstanding enforcement action(s) against the applicant? ☐ Yes ☐ No

If Yes, provide details as per Item 6A.

7. QUALITY CONTROL/PROFICIENCY TESTING PROGRAMS:

- A. **For analysis of bulk asbestos samples:** Attach evidence that the applicant's laboratory facility is currently accredited for Polarized Light Microscopy (PLM) in the Asbestos Fiber Analysis Program administered by the National Voluntary Laboratory Accreditation Program (NVLAP) of the National Institute of Standards and Technology (NIST).
- B. **For analysis of air samples:** Attach evidence that the National Institute for Occupational Safety and Health has rated the applicant's laboratory facility as "Proficient (P)" in the Proficiency Analytical Testing (PAT) program's most recent round for asbestos evaluation.
- C. **For analysis of asbestos samples by Transmission Electron Microscopy (TEM):** Attach evidence that the applicant's laboratory facility is currently accredited for TEM in the Asbestos Fiber Analysis Program administered by the National Voluntary Laboratory Accreditation Program (NVLAP) of the national Institute of Standards and Technology (NIST).
- D. The applicant has established Quality Control Procedures for analysis of asbestos samples? ☐ Yes ☐ No

If Yes, attach a copy of your current Quality Control Procedures.

8. FEES:

The following fee(s) must accompany the application:

- ___ Amend Certification to include additional asbestos analysts @ \$ 40
(*not required with initial or renewal applications*).
- ___ Non-Refundable initial/renewal application fee for all facilities @ \$75
- ___ Initial/renewal certification fee for facilities performing only PLM/PCM analysis of samples for asbestos @ \$225
- ___ Initial/renewal certification fee for facilities performing only TEM analysis of samples for asbestos @ \$225
- ___ Initial/renewal certification fee for facilities performing PLM/PCM and TEM analysis of samples for asbestos @ \$350

9. AFFIRMATION BY APPLICANT (This item must be completed by applicant)

I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true and to the best of my knowledge.

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Signature

Date:

Social Security Number (SSN) or
Federal Identification Number (FEIN)

Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.

PLEASE NOTE: If you are a sole proprietor of a facility or business, then you must supply your Social Security Number (SSN). If you are an individual representing a facility or a business that is seeking licensure, then you must supply the Federal Employer Identification Number (FEIN) for the facility or the business.

Complete application and fee(s) should be submitted to:

**Rhode Island Department of Health
Office of Occupational & Radiological Health
3 Capitol Hill, Room 206
Providence, RI 02908-5097
(401) 222-3601**

***fee must be paid by check or money order.**